

OCT-31-2014 12:41

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC67800080	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED 10/24/2014
NAME OF PROVIDER OR SUPPLIER SANDY PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE TEQUESTA, FL 33449		
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(05) COMPLETE DATE
C 000	<p>INITIAL COMMENTS</p> <p>An unannounced licensure complaint survey, CCR# 2014007734 and CCR# 2014007998 was commenced on 10/23/2014 and concluded on 10/24/2014 at the Sandy Pines Residential Treatment Center for Children and Adolescents facility.</p> <p>The facility had a deficiency found at the time of the visit.</p>	C 000		
C 121	<p>Staffing - Staff Composition</p> <p>Direct care staff.</p> <p>At a minimum, two (2) direct care staff shall be awake and on duty at all times. In addition, the following direct care staff-to-child ratios shall be provided and maintained:</p> <ol style="list-style-type: none"> During hours when children are present in the facility and normally awake, the direct care staff to child ratio shall be no less than 1:4; and During hours when the children are normally asleep, the direct care staff to child ratio shall be no less than 1:8; and While residents are away from the facility, the staffing ratio for those residents shall be no less than 1:4. The need for more intensive staffing will be determined by the child's physician. Direct care staff shall not divide time on their shift between programs located in other areas of the facility or other buildings. While transporting residents of residential treatment centers other than group homes, the driver shall not be counted as the direct care staff 	C 121	<p>Plan of Correction:</p> <ul style="list-style-type: none"> Staffing Coordinator and DON will review census, including projected admissions and discharges, and resident passes daily in A&D meeting and adjust staffing as needed. Staffing Coordinator will provide copy of daily schedule for current day and following day to DON for review. Daily schedule form revised to include in-house and actual census and line for DON to initial that staffing reviewed. Process for staff call ins and disciplinary actions to be taken if process not correctly followed, or if excessive absences occur, distributed to all nursing staff. Mandating Staff policy distributed to all nursing staff. Policy will be implemented if necessary to stay within ratio. <p>Completion Date: 11/12/2014</p> <p>Person Responsible: Director of Nursing</p>	

AHCA Form 3025-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE CEO

DATE

11/13/14

STATE FORM

842R11

If continuation sheet 1 of 2

Karin M. Kurtz

DCT-31-2014 12:41

AHCA

5618400163 P.05

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC87000080	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED 10/24/2014
NAME OF PROVIDER OR SUPPLIER SANDY PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SW TEQUESTA TERRACE TEQUESTA, FL 33460		
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(05) COMPLETE DATE
C 121	<p>Continued From page 1</p> <p>providing care, assistance or supervision of the child.</p> <p>Chapter 65E-9.007(3)(e), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff at a minimum of 1 direct care staff member to 6 child residents, on the 11:00 PM to 7:30 AM shift, during 10 days in October, 2014.</p> <p>The findings include:</p> <p>Review, on 10/24/14 of the facility's child resident to staff ratio for each day, from 10/12/14 to 10/23/14 reveals that the facility failed to meet the required ratio of 1 direct care staff member to 6 child residents on the 11:00 PM to 7:30 AM on 10 of the 12 days. The most deficient ratio occurred on 10/19/14, when the facility's census was 106 residents, but only 16 staff members were working, a ratio of 1 staff member to over 7 residents. In an interview, conducted on 10/24/14 at 1:42 PM with the DON (Director of Nursing), the DON reported that on some of those days staff "called off" too late for the Staffing Coordinator to be able to find replacements timely. Review of the facility's own policies and procedures regarding staffing of their residential units, on 10/24/14, reveals that their policies and procedures documented that for the 11:00 PM-7:30 AM shift, "... a staffing ratio of nurses and MHTs (Mental Health Technicians) combined, is a 1.8 staff to resident." The policies and procedures documented that "Staffing is based on census and acuity for each unit."</p>	C 121	<p>Monitoring Plan:</p> <ul style="list-style-type: none"> Documentation of daily discussion of staffing in A&D meeting on minutes/sign in sheet for daily A&D meeting. Staffing Coordinator will track all call-ins and document that appropriate processes were followed. Staffing Coordinator will provide report to DON of any variances from process, and report excessive absenteeism as per policy to DON. DON will hold staff accountable through disciplinary process. Staffing Coordinator will monitor and track all shifts in which the Mandating Staff policy is utilized in order to meet ratios. Compliance with staffing mandates will be reported weekly to the CEO and monthly in the Committee of the Whole Meeting (Quality Meeting). 	

AHCA Form 5020-0001

STATE FORM

B42R11

If continuation sheet 2 of 2



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 31, 2014

Administrator
Sandy Pines
11301 S.E. Tequesta Terrace
Tequesta, FL 33469

RE: CCR #2014007734 and CCR# 2014007986

Dear Administrator:

This letter reports the findings of a complaint inspection survey that was commenced on October 23, 2014 and concluded on October 24, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the days of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiency within ten working days of receipt of this faxed report. You will not receive a copy of this report in the mail; you will only receive this faxed report. The deficiency shall be corrected no later than November 23, 2014.

The plan of correction must include the following:

- 1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
- 2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.**
- 3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.**
- 4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.**
- 5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.**
- 6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.**
- 7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com

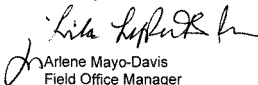


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following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure: State Form 3020

TBB2